

PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) : Gaurav Sharma, et al.  
TITLE : **SHOW-THROUGH  
COMPENSATION APPARATUS  
AND METHOD**  
APPLICATION NO. : 09/671,393  
FILED : 9/27/2000  
CONFIRMATION NO. : 7084  
EXAMINER : James A. Thompson  
ART UNIT : 2624  
LAST OFFICE ACTION : 12/23/2004  
ATTORNEY DOCKET NO. : 98627  
XERZ 2 00318-3

MAIL STOP AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT B AFTER FINAL**

Dear Sir:

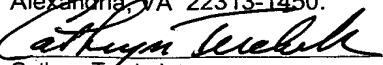
Responsive to the Office Action mailed 12/23/2004, please amend the above-identified application as follows.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

**CERTIFICATE OF FIRST CLASS MAILING**

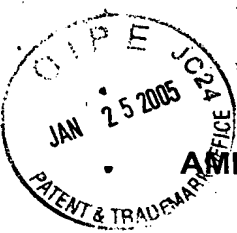
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service as First Class Mail service and is addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Cathryn Terchek

Date: 

01/28/2005 CNGUYEN 00000002.240037 09671393

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AMENDMENT TRANSMITTAL LETTER

Attorney Docket No.: 98627  
XERZ 2 00318-3

|                      |  |                              |
|----------------------|--|------------------------------|
| Ser. No.: 09/671,393 | Filed: September 27, 2000                                    | Examiner: THOMPSON, James A. |
| Art Unit: 2624       | Title: <b>SHOW-THROUGH COMPENSATION APPARATUS AND METHOD</b> |                              |

To the Commissioner for Patents:

Transmitted herewith is an Amendment in the above-identified application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED |                                  |       |                                    |                             |       |                 |
|-------------------|----------------------------------|-------|------------------------------------|-----------------------------|-------|-----------------|
|                   | Claims remaining after amendment |       | Highest Number Previously Paid For | No. of Extra Claims Present | Rate  | Additional Rate |
| Total Claims      | 23                               | Minus | 23                                 | 0                           | X 50  | \$0.00          |
| Indep. Claims     | 4                                | Minus | 3                                  | 1                           | X 200 | \$200.00        |
| TOTAL             |                                  |       |                                    |                             | =     | \$200.00        |

- ☒ Charge \$200.00 to Deposit Account No. 24-0037.
- ☒ Applicants request any extensions of time that may be necessary and authorize the required fees be charged to Deposit Account No. 24-0037.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 24-0037.

Date: 1/21/05

Respectfully submitted,  
FAY, SHARPE, FAGAN,  
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Cathryn Terchek

Date: January 21, 2005